

VOID CHECK FORM

TRANS CODE: 450

EMPLOYEE NAME (FOR REFERENCE ONLY)

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COMPANY			
NUMBER			
0	0		

EMPLOYEE										T	
NUMBER										D	
										0	0

PAYMENT																			
CHECK NUMBER										CHECK DATE									

PERIOD									
END DATE									

(1)
Y
Q

EMPLOYEE NAME (FOR REFERENCE ONLY)

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COMPANY			
NUMBER			
0	0		

EMPLOYEE										T	
NUMBER										D	
										0	0

PAYMENT																			
CHECK NUMBER										CHECK DATE									

PERIOD									
END DATE									

(1)
Y
Q

EMPLOYEE NAME (FOR REFERENCE ONLY)

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COMPANY			
NUMBER			
0	0		

EMPLOYEE										T	
NUMBER										D	
										0	0

PAYMENT																			
CHECK NUMBER										CHECK DATE									

PERIOD									
END DATE									

(1)
Y
Q

EMPLOYEE NAME (FOR REFERENCE ONLY)

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COMPANY			
NUMBER			
0	0		

EMPLOYEE										T	
NUMBER										D	
										0	0

PAYMENT																			
CHECK NUMBER										CHECK DATE									

PERIOD									
END DATE									

(1)
Y
Q

EMPLOYEE NAME (FOR REFERENCE ONLY)

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COMPANY			
NUMBER			
0	0		

EMPLOYEE										T	
NUMBER										D	
										0	0

PAYMENT																			
CHECK NUMBER										CHECK DATE									

PERIOD									
END DATE									

(1)
Y
Q

(1) YQ INDICATOR

Y - YEAR TO DATE ONLY

Q - YEAR AND QUARTER TO DATE

C - YEAR AND PRIOR QUARTER

AUTHORIZED SIGNATURE (AGENCY)

DATE

KEYED BY (DOA)

DATE

Form PR-2
Rev 10/04